DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445296	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF EAST RIDGE	1500 FINCHER AVENUE EAST RIDGE, TN 37412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the elevator shaft construction was maintained. The findings include: Observation and interview with the Maintenance Director on August 13, 2012 at 3:30 p.m. confirmed two (2) unsealed penetrations in the concrete shaft wall that is visible from the first floor. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 020	**K020** 1. On 8/20/12 Maintenance applied fire caulk to all three of the unsealed penetrations in the elevator shaft area. 2. All other areas of the elevator shaft were inspected for unsealed penetrations, and none were noted. 3. The Maintenance Director conducted an educational in-service on 8/24/12 to the maintenance staff regarding the importance of full inspection of the elevator shaft for penetrations, and the proper sealing of those penetrations. The Maintenance Director or designee will inspect the elevator shaft for penetrations once per week for four weeks, then annually. 4. The Maintenance director will report his inspection results to the Quality	9/11/12
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029		

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 9/29/12

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation.

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K 020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the elevator shaft construction was maintained. The findings include: Observation and interview with the Maintenance Director on August 13, 2012 at 3:30 p.m. confirmed two (2) unsealed penetrations in the concrete shaft wall that is visible from the first floor. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 020	Assurance Committee consisting of a physician, director of nursing and three other staff members for 3 months.. The Executive Director will monitor for compliance. **K029** 1. Door closures were installed on the Central Supply and Medical Records rooms by the maintenance staff. 2. The maintenance staff conducted an inspection of all other door closures and all were in compliance. 3. The Maintenance Director conducted an educational in-service on 8/24/12 to the maintenance staff regarding the importance for properly working door closures. The Maintenance Director or designee will	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029		9/11/12

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ficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that afeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days g the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 llowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued n participation.

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K 029	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure rooms larger than 50 square feet, used to store combustible materials, were provided with door closers. The findings include: Observation and interview with the Maintenance Director, on August 13, 2012 at 2:55 p.m. confirmed the Central supply and medical records room doors were not provided with door closers (NFPA 101, 19.3.2.1 (7),. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 029	inspect door closures once per week for four weeks, and then monthly for three months. 4. The Maintenance director will report his inspection results to the Quality Assurance Committee consisting of a physician, director of nursing and three other staff members for 3 months.. The Executive Director will monitor for compliance.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure magnetically locked doors released with fire alarm activation. NFPA 101, Sec. 7.2.1.6.1 The findings include: Observation and interview with the Maintenance Director, on August 13, 2012 at 3:10 p.m. confirmed the magnetically locked doors,	K 038	**K038** 1. On 8/28/12 the magnetic door by the elevator was repaired by the maintenance staff 2. All other magnetic locked exit doors were tested on 8/20/12 by the maintenance staff and all functioned properly. 3. The Maintenance Director conducted an educational in-service on 8/27/12 to	9/11/12

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K 038	Continued From page 2 designated an exit, next to the elevator into and out from the electrical room to the rear exit failed to release when the fire alarm was activated. This exit is in a staff only area. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 038	the maintenance staff regarding proper release of exit doors. The Maintenance Director or designee one time per week for four weeks, and then once per month for three months.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoke detectors were located at least 3 feet from an air supply (NFPA 72, 2-3.5.1). The findings include: Observation and interview with the Maintenance Director, on August 13, 2012 at 2:45 p.m. confirmed the smoke detector in the physical therapy room was located 18-inches from an air supply. NFPA 72, 7-3.2.1 Detector sensitivity shall be	K 052	4. The Maintenance Director will report his inspection results to the Quality Assurance Committee consisting of a physician, director of nursing and three other staff members for 3 months.. The Executive Director will monitor for compliance. **K052** 1. On 8/15/12 the maintenance staff modified the air deflector in the Physical Therapy room so that air would no longer blow onto the nearby smoke detector. On 8/27/12 a smoke detector	9/11/12

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K 052	Continued From page 3 checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. Based on record review, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years (NFPA 72-7-3.2.1). The findings include: Record review on August 13, 2012 at 9:30 am confirmed there was no documentation to demonstrate the smoke detectors in the facility had been tested for sensitivity. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 052	sensitivity test was performed. 2. All other smoke detectors were inspected for proper 36" spacing from air vents by International Fire Protection Company and all are now in working order. 3. The Maintenance Director conducted an educational in-service to the maintenance staff regarding keeping air flow vents at least 36" from smoke detectors. Upon the completion of the sensitivity test, the Maintenance Director scheduled a sensitivity test for August of 2013. The Maintenance Director or designee will visually inspect smoke detectors one times per week for four weeks, and at least once per month for two months. 4. The Maintenance director will report his inspection results to the Quality	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: NFPA 25, 5.2.1.1.2 Any sprinkler shall be	K 062		9/11/12

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K 052	Continued From page 3 checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. Based on record review, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years (NFPA 72-7-3.2.1). The findings include: Record review on August 13, 2012 at 9:30 am confirmed there was no documentation to demonstrate the smoke detectors in the facility had been tested for sensitivity. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 052	Assurance Committee consisting of a physician, director of nursing and three other staff members for 3 months.. The Executive Director will monitor for compliance. **K062** 1. On 8/20/12, International Fire Protection Company replaced the automatic sprinkler head inside the elevator shaft. 2. All other sprinkler heads in the facility were found to be in compliance. 3. The Maintenance Director conducted an educational in-service to the maintenance staff regarding the inspection and importance of properly functioning sprinkler heads. The Maintenance Director or designee will inspect sprinkler heads for penetrations one time per	9/11/12
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: NFPA 25, 5.2.1.1.2 Any sprinkler shall be	K 062		

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K 062	Continued From page 4 replaced that has signs of leakage; is painted, corroded, damaged, or loaded; or in the improper orientation. Based on observation and interview, the facility failed to assure sprinkler heads were free of foreign material. The findings include: Observation and interview with the Maintenance Director, on August 13, 2012 at 1:30 p.m. confirmed the sidewall sprinkler head in the elevator shaft was covered with mortar. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 062	week for four weeks, and then monthly for three months. 4. The Maintenance director will report his inspection results to the Quality Assurance Committee consisting of a physician, director of nursing and three other staff members for 3 months. The Executive Director will monitor for compliance.	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the	K 067	**K067** 1. The fire dampers were inspected on 8/27/12 by International fire Protection Company and were found to be in compliance. 2. The contractor inspected other fire dampers in the building and all are in proper working condition.	9/11/12

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K 067	Continued From page 5 maintenance director on August 13, 2012 at 10:30 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 067	3. The Maintenance Director conducted an educational in-service to the maintenance staff regarding the importance fire damper certification and the proper functioning of fire dampers in case of a fire. The Maintenance Director also scheduled a future fire damper inspection and certification for August of 2013. The maintenance Director or designee will inspect the fire dampers at least once monthly for three months, then quarterly. 4. The Maintenance Director will report his inspection results to the Quality Assurance Committee consisting of a physician, director of nursing and three other staff members for 3 months.. The Executive Director will monitor for compliance.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: K147 Based on observation and interview, the facility failed to assure low voltage wires were supported by structure. (NFPA 70 Articles 720 and 725) The findings include: Observation and Interview with the Maintenance Director, on August 13, 2012 at3:25 p.m. confirmed wiring and cables were laying on ceiling tiles and not supported by structure above the ceiling by the 1st floor elevator and at the 3-hour fire doors. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 147		9/11/12

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K 067	Continued From page 5 maintenance director on August 13, 2012 at 10:30 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 067	K 147 1. On 8/31/12 the maintenance department repaired the low-voltage wiring in the main hall ceilings.	9/11/12
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: K147 Based on observation and interview, the facility failed to assure low voltage wires were supported by structure. (NFPA 70 Articles 720 and 725) The findings include: Observation and interview with the Maintenance Director, on August 13, 2012 at3:25 p.m. confirmed wiring and cables were laying on ceiling tiles and not supported by structure above the ceiling by the 1st floor elevator and at the 3-hour fire doors. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012.	K 147	2. The Maintenance Director inspected other areas of the building for low-voltage wiring touching the ceiling and all were found to be in compliance. 3. The Maintenance Director conducted an educational in-service to the maintenance staff regarding the importance of keeping wiring away from ceilings. The Maintenance Director or designee will inspect the elevator shaft for penetrations once per week for four weeks, and then monthly for three months.	

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FORM APPROVED

Division of Health Care Facilities

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N 002	1200-8-6 No Deficiencies During the Life Safety portion of the survey conducted on August 13, 2012, no licensure deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 002	4. The Maintenance Director will report his inspection results to the Quality Assurance Committee consisting of a physician, director of nursing and three other staff members for 3 months. The Executive Director will monitor for compliance.	

vision of Health Care Facilities

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE ED (X6) DATE 8/29/12

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